

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	mg	1145100	2/25/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MM	216.12	2/8/00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
— (Through numeral)...	Canceled	A .....	Appeal
÷ .....	Restricted	O .....	Objected

Claim	Original	16	17	18	19	20	21	Date
Final	Original	6	10	22	5	21		
	Original	7	11	23	6	22		
	Original	8	12	24	7	23		
	Original	9	13	25	8	24		
	Original	10	14	26	9	25		
	Original	11	15	27	10	26		
	Original	12	16	28	11	27		
	Original	13	17	29	12	28		
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Claim	Date	
Final	Original	
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If more than 150 claims or 10 actions  
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